The Children's Village

"Keeping children safe and families together"

Jeremy Kohomban, PhD President and Chief Executive Officer







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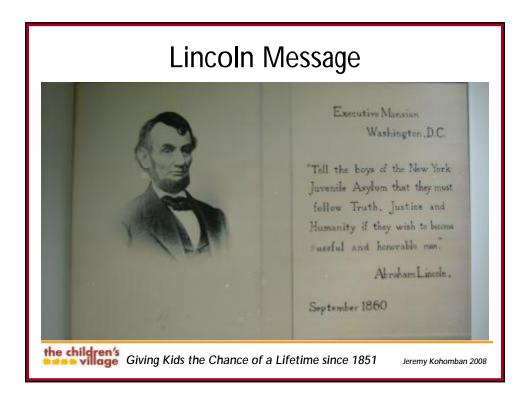
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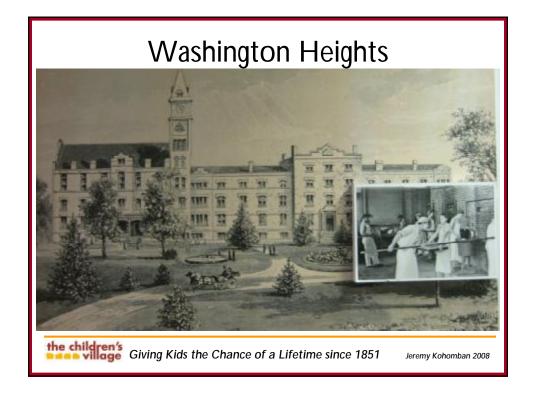


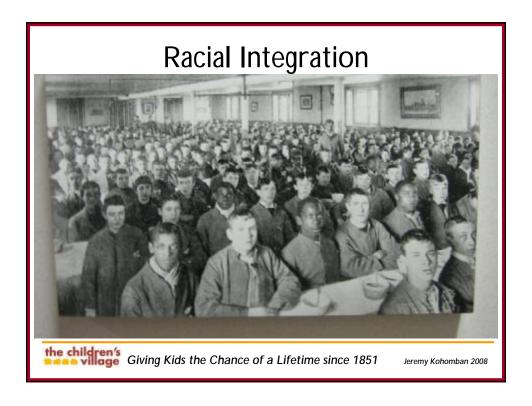
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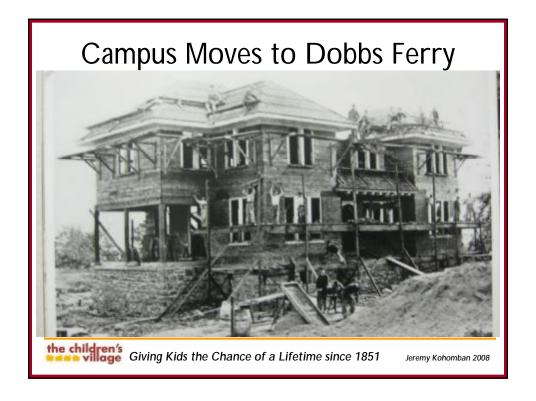
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Dobbs Ferry



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The Mission & Charitable Purpose

"To work in partnership with families to help society's most vulnerable children so that they become educationally proficient, economically productive, and socially responsible members of their communities"

Keeping Children Safe & Families Together



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The Organization

- 40% Residential: Campus/Shelters/Non-Secure detention/transitional living).
- 60% Community: Family foster care, treatment foster care, Community Centers, 25 MST teams and aftercare teams.

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Residential populations

- Mental health
- Regular foster-care
- Campus based, non-secure detention with ATD tied in (12 NSD beds are "in the child's home")
- Hard to place beds (Sex offenders, Problematic Sexual Behavior, Substance addictions etc)
- · Immigrant children in Federal custody, (very short-term)

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Residential populations

- Two shelters, no barriers to entry
- Transitional beds for older teens (typically 18+ and many with 1-2 years' incarceration history)
- 21-day crisis residence
- Traditional CSE (very small 15 students)
- Mother-baby (community)
- Transitional living (community)
- Juvenile justice (many with preventive and foster care histories)

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Why Family Driven

- A review of our extensive residential programming (today, approximately 1,400 intakes per year) dataset showed family as the only viable option for over 70% of those served.
- For these teens, engagement with family is the only route to a solution (including reaching other family/extended family and/or significant adults capable of planning).

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Why Family Driven

- Practice was overwhelmingly focused on pathology, scaring the family, and needlessly labeling teens.
- Despite our best intentions, in practice we treated the family as *the* problem rather than helping them <u>through</u> their problem.

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The big surprise

We quickly realized that we could not just change a few "things" to get there. Rather, we were forced to change a thousand things to be sincerely "family responsive" and eventually family driven.

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- Organization wide, incorporated evidence-based (MST/PBIS/TST) and family friendly techniques that keep children safe and families together. We also committed to low cost, long-term post-discharge tracking for ascertain efficacy.
- Provided daily Leadership by Example all senior leaders including the President/CEO reached out to parents, modeled acceptance, belonging, speech and spoke honestly about our need to change.

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The Strategies

Public acknowledgement & Risk

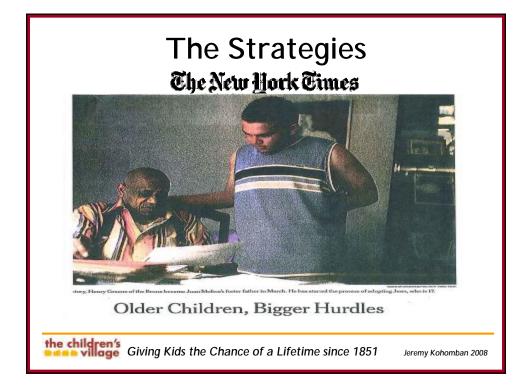
A public commitment to fight for permanency for older teens who languish in residential and are moved around in the system.

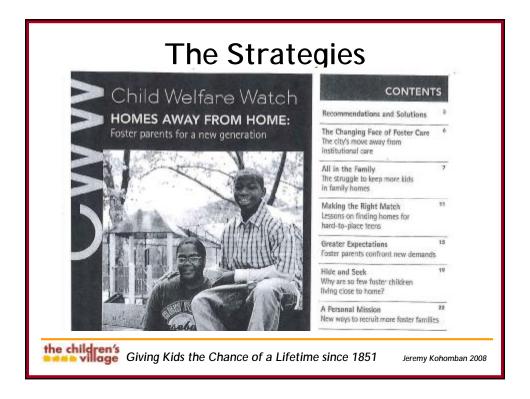
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Strong in Residential, Weak in "belonging"

- Journal News
- The New York Times
- Child Welfare Watch

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- CEO and COO and all VP's and Directors are required to have an open door policy to <u>any</u> family member.
- Hired Parent Advocates; full-time, salaried and with benefits.
- Created and funded numerous groups, including a well attended and dynamic father's group.

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- Provide evidence-based Parent education in English and Spanish.
- Created a special set of supports for families of adjudicated and nonadjudicated sexual offenders

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The Strategies that worked

 Trained in, and launched Family Team Conferences (FTC). Since some parents could not attend, developed mobile FTC Conference Centers that drive into the neighborhoods so that family, extended family, schools, community leaders, pastors etc., can participate easily.

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Organizational Philosophy

We Recognize that

- Effectiveness was limited to a description of the quality and quantity of the inputs. Describing the quality and quantity of the interventions provided during the temporary service period, while educational, did not describe effectiveness.
- The only dependable gauge of effectiveness remains the child/families functioning during the months and years following the service phase.

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Organizational Philosophy

We believe that

- In every cohort there is failure during the postservice period, knowing the rate of failure and pinpointing where the highest failure is occurring helps us reassess and refine the services offered.
- In the end, success during the post-service period confirms the efficacy of the quality and quantity of the service inputs provided.

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Mobile Conference Centers





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The Strategies that worked

- Developed a variety of successful short-term (21-day, 28-day, 40-day, 100-day) residential models to provide stabilization and crisis respite for teens.
- Beginning in 2005, secured "flex funds" for family support. Available to all staff and Parent Advocates. At least \$500,000 over and above program allocations in each year, including this year.

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- Beginning in 2005, privately funded one year of Aftercare for all teens/families discharged from residential care.
- Since 15% of all discharges were consuming 75%-85% of all aftercare/flex funding resources, privately funded specialized MST teams to provide these 15% of families intensive support.

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MST 896 Cases

	Indicator	Target	Averages	US Average	Int'l Averag	CV Average
1	% of youth home	90%	86.2%	85.8%	88.6%	89.1%
2	% working or school	90%	83.9%	85.2%	75.9%	82.9%
3	% with no new arrest	90%	81.5%	81.7%	80.2%	88.7%

Data provided by MST Inc. for cohort March 1, 2007 - March 1, 2009

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Residential #'s Jan 09 - Dec 09

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Outcomes

Length of Stay

- Overall median, annual length of stay for teens drop from over 24 months to under 6-months (all residential).
- In 2008, over 800 of these teens were discharged in under 40-days. In 09 about 700

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Outcomes

12 Months post-residential group

- 88% of foster care cases discharged according to initial-plan timeframes.
- 85% of are Aftercare youth are in school and passing or graduated. This is slightly above our overall average of 82% for the past four years.

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Outcomes

12 Months post-residential group

- 46% of youth aged 17 and over were working at least part-time in the last quarter. This is higher than our four year average of 38% and slightly above our 44% average from the last year.
- 11% of our Aftercare youth were incarcerated or returned to care. This is right about the average of 10% we've seen over the last four years.

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Outcomes

12 Months post-residential group

 Incarceration average for the first two years was 6% and last year was 19%. The overall trend is not a healthy one.

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Outcomes

MST intervention for 15% "highest risk" residential discharges

Outcomes 2008 – 2010 6-month treatment	MST/WAY Treatment 25 youth and families	Comparison 23 youth and families
In School	19 (76%)	10 (43%)
Arrests	4 (16%)	12 (52%)
Failure to remain at home	5 (20%)	16 (70%)

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STEP; N = 268

July 2007 - June 2010

- 2007
 - Served = 86
 - Returned while on "trial discharge" = 4
 - Returned while on "final discharge" = 0
- 2008
 - Served = 141
 - Returned while on "trial discharge" = 5
 - Returned while on "final discharge" = 2

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STEP; N = 268

July 2007 - June 2010

- 2009
 - Served = 147
 - Returned while on "trial discharge" = 6
 - Returned while on "final discharge" = 2
- 2010
 - Served = 137
 - Returned while on "trial discharge" = 1
 - Returned while on "final discharge" = 0
- June 2006 May 2010 Arrests/Re-arrests 10.4%

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Outcomes FCAP

Short-Term, Pre-Adjudication Residential

Total # Discharged: 229

Home: 129 (55%)

Placement: 93 (40%)

• Foster Home: 1 (0.3%)

Woodfield Secure Detention: 9 (3%)

Total Outstanding AWOLS: 4 (1.7%)

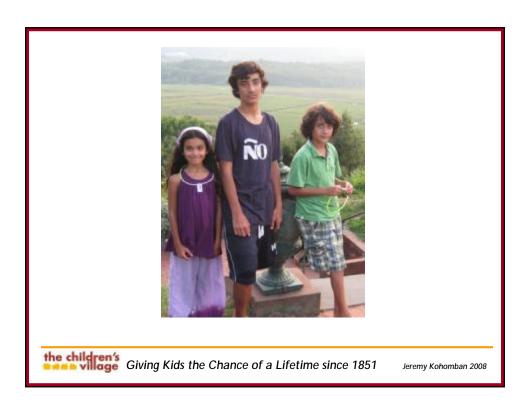
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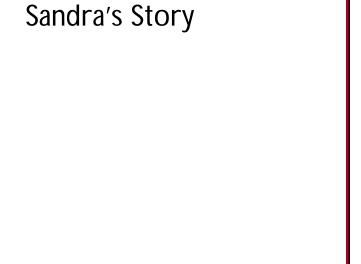
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Outcomes Alternative to Detention 09-10

- Total Admissions: 56
- Total Successfully Discharged w/o violations: 31 (55%)
- Remanded to NSD or SD: 25 (45%)
- # of youth discharge home after remand: 18 (72%)
- # of youth sent to placement after remand: 7 (28%)

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